# **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date::

12/21/01

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

1653

CD-ROM or CD-R?::

None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title::

DMT-TIC DI- AND TRI-PEPTIDIC DERIVATIVES

AND RELATED COMPOSITIONS AND METHODS

OF USE

Attorney Docket Number::

214777

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

2

Total Drawing Sheets::

No

Small Entity?:: Latin Name::

Variety denomination name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

# **APPLICANT INFORMATION**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Lawrence

Middle Name::

Н.

Family Name::

**LAZARUS** 

Name Suffix::

City of Residence::

Durham

State or Prov. of Residence::

North Carolina

Country of Residence::

US

Street of mailing address::

4840 Moriah Hill Road

City of mailing address::

Durham

State or Province of mailing address::

North Carolina

Country of mailing address::

US

Postal or Zip Code of mailing address:: 27707

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Severo

Middle Name::

Family Name::

**SALVADORI** 

Name Suffix::

City of Residence::

**Ferrara** 

State or Prov. of Residence::

Country of Residence::

IT

Street of mailing address::

via Fossato di Mortara, 17/19

City of mailing address::

Ferrara

State or Province of mailing address::

Country of mailing address::

IT

Postal or Zip Code of mailing address:: 144100

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::

23460

Phone::

(312) 616-5600

Fax::

(312) 616-5700

E-mail Address::

mail@leydig.com

## REPRESENTATIVE INFORMATION

Representative Customer Number::

23460

Representative Designation::	Registration Number::	Representative Name::
Associate	33612	Robert BENSON
Associate	38448	Steven M. FERGUSON
Associate	36357	Stephen L. FINLEY
Associate	25588	James C. HAIGHT
Associate	38514	John Peter KIM
Associate	45980	Richard U. RODRIGUEZ
Associate	35762	Susan S. RUCKER
Associate	32808	David R. SADOWSKI
Associate	46005	Marlene SHINN
Associate	34447	Jack SPIEGEL

# DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This application is a

Continuation in part of 09/814,558

03/22/01

which is a

Non Provisional of

60/192,128

03/24/01

# 

### FOREIGN APPLICATION INFORMATION

Country::

Application Number:: Filing Date::

**Priority Claimed** 

### **ASSIGNEE INFORMATION**

Assignee name::

THE UNITED STATES OF AMERICA, REPRESENTED BY

THE SECRETARY, DEPARTMENT OF HEALTH AND

**HUMAN SERVICES** 

Street of mailing address:: 6011 Executive Boulevard, Suite 325

City of mailing address::

Rockville

State or Province of

mailing address::

MD

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

20852